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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 303. } PHILADELPHIA, SEPTEMBER 8, 1860. { NEW SERIES VOL. IV. NO. 23.

ORIGINAL DEPARTMENT.

Errata.

Clinical Lectures on Diabetes Mellitus.

Delivered at Pennsylvania Hospital, September 1st, 1860, by J. F. MEIGS, M. D., one of the Physicians.

(Reported for the Medical and Surgical Reporter.)

GENTLEMEN:—We have at present in the hospital several cases of diabetes mellitus; disease also known as *mellituria*, *glucosuria*, *diabekemia*.

It is an apyretic disease characterized by the presence, in the urine, of a more or less considerable quantity of *secula sugar*, and which is accompanied by acute thirst, increased appetite, and loss of strength and flesh. It must not be confounded with diabetes insipidus, or *hydruria*, *polyuria*, or *polyuresis*.

Pathological Anatomy.—In reference to the pathological anatomy of this disease, no special anatomical lesion, peculiar to the disease has as yet been discovered. The kidneys, which were long thought to be the seat of the disease, present no characteristic lesion in persons who have died from it. It is true, but changes have been sometimes observed in these organs, such as calculi, hydatids, *emphy*, but not as a rule; and it must be borne in mind that these lesions much more frequently exist unaccompanied by diabetes. The most frequent anatomical alteration, and which may be connected with the disease, is a *atrophy* found, when present, usually in the kidneys; the renal tissue is generally observed to be more vascular than natural. This is explained by the unusual functional ac-

tivity of the organs. This is also generally found in cases of simple *hydruria*, and not, according to Bernard, in diabetes, when the patients have not been diabetic. It is hence to be considered more as a lesion of the *polyuria*, accompanying the diabetes, than of the latter itself.

In most fatal cases we find severe lesions of the lungs,—*pneumonia* or *tubercle* in different stages. The other alterations found in different organs are only those met with generally in cases of chronic disease.

The blood offers nothing unusual, except the presence of a large quantity of sugar, when examined *early*. When examined at a later period this has often disappeared.

All the organs, all the tissues of the body are found impregnated with sugar. This is said, however, by Bernard, to depend on infiltration from the blood after death.

Symptoms.—In its onset the disease is obscure. The patients complain at first of *malaise*, loss of flesh, of strength, and disorders of the digestive functions. An especial symptom is a troublesome dryness of the mouth and throat, with viscid saliva. Afterwards the patient begins to notice an increase in his urinary secretion, and he suffers usually from constipated bowels, and a dry, harsh skin. There is dull pain or weakness in the back, and often the patient is subject to chilliness.

From 20 to 30, and even 40 pints of urine are passed in 24 hours. The urine is changed in its characters; it is paler than usual, sometimes almost colorless, or fade like whey; it emits scarcely any ammoniacal odor, even after standing for hours, and is of sweetish taste. Its reaction is almost always acid; its specific gravity increased from 10.20 to 10.74; 10.40

being probably about the average. It readily undergoes the alcoholic fermentation.

The sugar thus found in the urine, the various tests for the detection of which we have considered in a previous lecture, is said by Grisolle to be the glucose or sugar of starch. Professor Dalton, of New York, however, says that the liver sugar resembles, very closely, glucose or the sugar of starch, the sugar of honey, and the sugar of milk, but is not absolutely identical with either of them. If patients take even a great deal of cane sugar, their urine contains only liver-sugar or glucose. Therefore, the cane-sugar has undergone a transformation, which Bernard supposes to take place in the liver. As to the quantity of sugar present in diabetic urine, Bouchardat has found it to be very variable, forming from one-seventh to one-thirtieth of the weight of the urine.

Diabetic urine contains uric acid and urea, which was at one time denied. Exceptionally it also contains hippuric acid and albumen.

The symptoms, presented by the digestive apparatus, as the disease progresses, are remarkable. The appetite is irregular, sometimes very great, even voracious. The patients often crave sugar, bread, and other feculent food. The thirst is remarkable, generally very great, and it is one of the first symptoms, which attracts the attention of the patient and physician.

Most patients, however great their appetite, digest with ease their food, while others, especially in advanced stages of the disease, have acid eructations with slow and difficult digestion, constipation and diarrhoea, and sometimes vomitings.

At the same time the pulse is not frequent; the skin not hot, but dry, and the perspiration almost null.

The respiration is free, unless there is some complication, involving the organs of respiration.

The strength and embonpoint of the patient gradually diminish, showing the failure of his nutritive functions; he falls into a condition of listlessness and debility, his sight fails, and he

may become amaurotic or suffer with cataract. The occurrence of cataract in diabetes is a subject of great interest. We owe to Dr. S. W. Mitchell, of this city, the discovery of a peculiar endosmotic and exosmotic action of saccharine solutions upon the living animal tissues. Experimenting on frogs he found that when solutions of sugar were injected under the skin, the animals very soon become affected with cataract. It is now well known that diabetic patients at an advanced period of the disease sometimes become cataractous.

The course of the disease is generally more or less continuous, and usually slow, though rapid cases, terminating in as short a time as two months have been recorded. The common rule, however, is that the disease lasts through one or more years.

Complications. It is seldom that the patient is carried off by the gradual progress of the disease, but generally by some intercurrent disease, as pneumonia. Some die at an advanced period, suddenly, in a few hours even, with symptoms of congestion, serous apoplexy, etc. In most cases, sooner or later, pulmonary tubercles are developed, and, a curious fact, in many, as the tubercular symptoms appear, is that the sugar in the urine diminishes or disappears entirely.

Termination: It has been denied that any ever recover. Grisolle says he knows a physician whose recovery dates from 20 years back, after the continuous use of quinine.

In reference to the *Diagnosis*, we have dwelled upon that fully at a previous clinic. You will remember the four tests for the detection of sugar in the urine, that with liquid potassæ, sulphate of copper, or Trommer's test, and that with the subnitrate of bismuth; finally, the fermentation test.

The *Causes* of the disease are almost unknown. The disease is rare in infancy and old age, occurring most commonly at thirty or forty, and perhaps, still more so between forty or fifty. It is more frequent among men than women. The influence of climate upon the disease is not established. It is said to be most common, however, in England and Holland. Dr. Camplin remarks: "I am dis-

posed to believe that the frequency of diabetes in the latter country, (Belgium and France,) may be partly attributed to the poor acid wines which are the general beverage." The effects of hereditary influence have not yet been shown.

Among the principal predisposing and exciting causes that have been mentioned, are the action of cold, dampness, depressing passions, venereal or alcoholic excesses, and especially insufficient nourishment, composed of feculent and amylaceous food and fermented drinks. But these causes,—so called, are more or less doubtful. Camplin, a recent English author, who has published a very interesting little treatise on the subject, says that in his own case two causes had long been at work; the wear and tear of a laborious profession, and a diet in which fruits, rice, etc., had too large a share; and the disease which had no doubt been creeping on unobserved for some time, was brought to its acme by eating freely of apples, which the unnatural thirst rendered peculiarly grateful, and at the same time undergoing unusual fatigue; for in the month of November "during one night passed in watching a somewhat anxious case, the urine became very great in quantity, as well as abnormal in appearance. The nature of the complaint was too obvious—my pallid cheeks and sunken countenance, then, and for a long time afterward, will not soon be forgotten by myself or my friends."

The nature of diabetes is a question of much interest. It was Willis who first discovered sugar in the urine in 1684.

Cullen thought it was due to an *aberration of the assimilative forces*; an explanation sufficiently general to include probably the true nature of the disease, yet giving us no definite idea of its true nature.

Rollo thought that the primary seat of the disease was in the digestive organs.

Some have thought that there existed some peculiar state of the organism which occasioned a transformation of urea into sugar. This view, however, is now almost entirely abandoned since it is known that the urea and uric acid in diabetic urine, if at all diminished,

such diminution bears no direct relation to the amount of sugar found in the urine. Simon, in his animal Chemistry, says that the apparent connection between the urea and the sugar may be simply explained by the mere increase of sugar, which by increasing the solid residue, causes a relative diminution of the urea.

Macgregor detected sugar in the substances ejected from the stomach by vomiting, and in the blood of diabetic patients in 1837. From these facts it was supposed that the fault lay in the digestive organs—that instead of perfect and nutritive chyle, saccharine matter was formed by the stomach and entered the circulation unaltered. In healthy digestion it was supposed that all amylaceous food is first converted into glucose which then undergoes further changes. In diabetes these further changes were thought to be somehow prevented. The food which should be transmuted says Watson, as was supposed, into muscle, and fat and bone, was hurried out of the system into the urine.

Bouchardat thought that the feculent aliments alone were transformed into sugar, and that the agent of this transformation was a principle existing in the economy of diabetic patients, which exerts an action upon starch, similar to that of diastase,—that it was an action of catalysis.

M. Mialhe showed that diastase exists normally in the saliva, and since then Bouchardat and Sandras have shown that the same substance exists in the pancreatic secretion. But supposing that starchy food is converted into sugar by the diastase of the saliva and pancreatic juice, why does not the sugar escape by the kidney as well in the healthy as in the diabetic? M. Mialhe supposes that in the diabetic, the blood instead of being alkaline, as in health, becomes neutral or slightly acid. Now it is known that for sugar to display its deoxydizing power (as in Trommer's test) an alkali must be present. So in the healthy individual, the natural alkalinity of the blood suffices for the transformation of the saccharine matter, which here must play an important part in the function of nutrition. But in the diabetic, the blood being neutral or acid, the

transformation of the glucose into deoxydizing material cannot take place;—the sugar becomes a foreign body, and as such is rejected by the kidneys.

Now what is the cause which renders the blood in diabetes acid or not sufficiently neutral? Both Bouchardat and Mialhe, suppose that the suppression of the perspiration is the cause. The acid (lactic, etc.,) which ought to escape in the perspiration is supposed to be retained in the blood, and to render it neutral or acid.

But although it is a well known fact that in diabetes the skin is peculiarly inactive and dry, and that warm clothing, even buckskin shirts, as I have known one patient to wear, is an important adjunct to the treatment of the disease, yet there are many objections to this theory, which time does not permit us to dwell upon as fully as might be desirable.

I shall pass next to the beautiful discovery of the glycogenic function of the liver, by M. Claude Bernard, made in 1848.

You will find a very clear and graphic account of this matter in Dalton's *Physiology*, published in this city in 1859. The following account of Bernard's opinions is taken chiefly from Dalton's work.—Bernard's discovery is this: that the liver, besides the secretion of bile, has another very important function, the production of sugar, by a metamorphosis of some of its organic constituents.

Under ordinary circumstances, says Dalton, a considerable amount of saccharine matter is introduced with the food, or produced from starchy substances by the digestive process in the intestinal canal. In man and the herbivorous animals, an abundant supply of sugar is derived from these sources, and this is necessary for the proper support of the vital functions. The saccharine matter absorbed from the intestines, is destroyed by decomposition soon after entering the circulation, but these very chemical changes are necessary for the proper constitution of the blood, and the healthy nutrition of the tissues. Experiment shows, moreover, that the system does not depend entirely for its supplies of sugar, upon external sources, but that it is produced inde-

pendently in the tissue of the liver, whatever may be the nature of the food upon which the animal subsists.

Thus, the milk of carnivorous animals contains sugar, and in the human subject, when affected with diabetes, the sugar often appears altogether out of proportion to that which could be accounted for by the vegetable substances taken in as food. Bernard has shown that in these instances most of the sugar has an internal origin, and that it makes its first appearance in the liver.

The sugar found in the liver after death, is a normal ingredient of the liver, not necessarily absorbed from the intestinal canal, but produced as a new formation, by a secreting process in the tissue of the organ.

The liver sugar, which has also been called hepatic, very closely resembles glucose, or the sugar of starch, the sugar of honey, and the sugar of milk, but not absolutely identical with either. It is distinguished from all others, says Bernard, by the readiness with which it is decomposed in the blood. Cane sugar and beet sugar, if injected into the circulation of a living animal, are discharged, unchanged, with the urine; sugar of milk and glucose, if injected in moderate quantity, are decomposed in the blood, while if introduced in larger quantity, they also make their appearance in the urine; but a solution of liver sugar, though injected in much larger quantity than either of the others, may disappear altogether in the circulation, without appearing in the urine.

The formation of sugar in the liver, is a function composed of two distinct and successive processes:—first, the formation in the hepatic tissue of a glycogenic matter, having some resemblance to dextrine, or hydrated starch; and secondly, the conversion of this glycogenic matter into sugar, by a process of catalysis and transformation.

The saccharine matter is said not to be found in the blood of the portal vein, in health, but in that of the hepatic vein, vena cava ascendens and the right side of the heart.

Under ordinary circumstances the sugar absorbed by the blood from the liver, disap-

passes very soon after entering the circulation. Probably, according to Lehman and Robin, it is first converted into lactic acid, which decomposes in turn the alkaline carbonates, setting free carbonic acid and forming lactates of soda and potass. Certain, at any rate, that usually, while sugar is abundant in the liver and in the right side of the heart, it is not generally found in the blood of the pulmonary veins nor in that of the general circulation.

However, about 2½ or 3 hours after the ingestion of food, the portal circulation is considerably accelerated and then a portion of the sugar escapes decomposition in the lungs and begins to appear in the arterial system. Soon afterwards it appears in the blood of the capillaries and in from 4 to 6 hours after the beginning of digestion, it is produced so much more rapidly than it is destroyed, that the surplus quantity circulates throughout the body, and the blood everywhere has a slightly saccharine character. It does not, however, in the healthy condition, make its appearance in any of the secretions.

After the sixth hour, it is produced less rapidly and it gradually disappears, as an ingredient of the blood.

Bernard has shown experimentally that the glycogenic function of the liver is increased by irritating the eighth pair of nerves at their origin in the fourth ventricle, and thus may diabetes be produced. Complete section of these nerves, however, destroys its formation completely. Bennett has seen this done by Bernard, and has repeated the experiments himself.

That sugar does not exist normally in the urine and in blood drawn from the arm is explained by its rapid decomposition in a state of health, and its excretion, or rather decomposition by the lungs. But when so increased that the lungs cannot excrete or decompose the whole of it, or when the lungs, from some cause are incapable of disposing of the normal quantity carried to them from the liver, then it passes off by the kidneys, and hence diabetes.

Bernard has also ascertained that although

section of the pneumogastric nerves destroys the formation of sugar in the liver, it is restored by artificially irritating their cut extremities; and that diabetes is thus produced exactly in the same manner as by irritating their origins in the brain. He therefore concludes that the nervous action necessary for the secretion of sugar does not originate in the brain, to be transmitted directly along the pneumogastrics, but indirectly and by reflex action; the *vagi* being incident nerves, the medulla oblongata the centre, and the spinal cord, communicating with the solar ganglion the excident channel. Following out this theory, he found that whenever the respiratory function is violently stimulated sugar appears in the urine; and that whenever ether or chloroform is given a temporary diabetes is produced. He further supposes that in the same way the lungs thus act by reflex influence upon the liver; so increased action of the liver acts upon the kidney; consequently that the sugar produced in excess by one organ, and its natural elimination or decomposition interfered with in the other, it is excreted by the third.

To conclude, it would appear that the occurrence of sugar in the circulation generally, and its presence in the urine, is probably dependent, not so much upon excess of hepatic, as upon diminution of pulmonary action. It is certain, says Bennett, that the great majority of diabetic patients die phthisical.

Bernard's researches show why Rollin's treatment (exclusive animal diet,) diminishes the excretion of sugar, by cutting off all that enters the blood through the alimentary canal.

Bennett says, that at the commencement of the disease, the sugar is principally derived from the food, in the latter stages from the organism. He suggests whether the well known dryness of the skin may not have something to do with the cause of the disorder (as Bouchardat and Mialhe assert), and whether diaphoretics might not be useful. He asks also, whether exercise and a cold atmosphere which increase the oxygenating power of the lungs, might be of any avail.

(To be Continued.)

Communications.

Elytrorrhaphy:—Four Operations to Narrow the Vagina by Partial Excision of its Walls, and Application of the Silver Suture in Cases of Severe Procidentia Uteri, with Eversion of the Vagina.

By G. GRANT, M. D.,
Of Newark, N. J.

Case 1st.—W. F., German, æt. 52, came under my observation in the early part of August, 1859. She stated that she had had nine children, always difficult labor; thrice twins, "which were grown together;" none living. The last three children were still-born. Her labors usually lasted over two days. It is now twelve years since her last labor, which lasted two days and a half. When she got out of bed on that occasion, two weeks after confinement, she felt, as she expressed it, something "come down."

The physician then attending her gave her a glass pessary, which was worn for six years, keeping the womb in its place, except when she was doing hard work. In April, 1859, she was in a hospital in New York for three weeks.

During the last six months the womb has been down all the time. She had been married to her second husband several weeks before she came under my care.

On examination, it was found that the whole body of the uterus was completely prolapsed. It could be returned without difficulty, but would immediately prolapse again, even on lying down. There were some ulcerations at the neck of the organ.

Nitrate of silver was applied, tonics prescribed, and rest directed.

An operation was decided upon and performed on Aug. 29th, 1859, assisted by Drs. L. G. Thomas, I. A. Nichols, and G. S. Ward. I operated according to Marshall Hall's method, modified by Ireland.

Placing the patient upon her left side, chloroform administered, two incisions were made along the length of the vagina, nearly parallel, but converging at their extremities—with a view of avoiding, as much as possible, the danger of perforating the walls of the bladder and rectum—from the neck of the womb to its entrance, through the mucous membrane,

which was separated so that an interspace of 2½ inches was laid bare between the incisions. Five silver sutures were placed through both edges of the wound at equal distances from each other. The womb was then returned, and the sutures twisted firmly together by means of an instrument made for that purpose. There was considerable hemorrhage during the operation, which was necessarily very tedious; a small artery was cut, which was secured by the saphine. An enema of tannin and laudanum was administered.

Sept. 9th, 1859.—Everything has progressed apparently well to this time. To-day, however, I found the patient in partial hysterical insanity, laughing, etc., and the wound about half prolapsed out of the vulva. Found, upon inquiry, that for the last eleven days she had been up very frequently, had a quarrel with her husband, who kicked her out of bed; had stood at the wash-tub, and carried her own wash-water from a well in the garden.

Sept. 14th, 1859.—The patient having been removed to better quarters, (she had been living in an unhealthy basement,) and placed under strict surveillance, assisted by Drs. L. G. Thomas, I. A. Nichols, Cross and Woodhull, I operated a second time upon the opposite side of the womb, in the same manner, making the cut surfaces somewhat larger than in the former operation. Five silver sutures were introduced as before, the edges of the wound approximated, and the same injection used. Then, as before, there was considerable loss of blood, but there was no hemorrhage at the close of the operation. The patient was placed in bed, with the strictest injunctions to preserve absolute rest. But about an hour after we had left her, Dr. Thomas, who resided in her neighborhood, was sent for in great haste. He found the patient in a paroxysm of hysterical delirium. She had arisen and attempted to go down stairs, when severe hemorrhage set in and she was almost pulseless from the loss of blood. A dose of morphia was given, and the patient placed in a recumbent position, when the hemorrhage soon ceased.

Sept. 21, 1859.—The patient doing well; has made but one attempt to rise. Hysteria, due probably to the irritation of the womb.

October, 1859.—The patient, whom it was impossible to keep in bed, goes about, following her work as before. The uterus, however, has not yet descended; but to give adequate support to the organ, a pessary was introduced and secured by a T bandage. There has been no trouble with the bowels or bladder. The ligatures in both operations were removed in ten days, and the union on both occasions was found to be complete, and to have taken place by first intention.

January, 1860.—I have not seen the patient myself lately, but have been informed reliably that the uterus has not descended. This case was one of difficulty and vexation. It is remarkable that the operation succeeded as well as it did, under the carelessness, neglect and abuse to which she was subjected.

(To be continued.)

Case of Wound of the Ascending Colon by a Ball from a Pistol; Complete Recovery.

By T. F. CLARKE, M. D.,

Of Blandville, Ky.

On the evening of March 16th I was called to see W. B. B., who had just received a frightful injury of the ascending colon by a ball from a pistol, which entered the abdominal muscles about half way between the umbilicus and anterior superior spinous process of the right ilium, passing through the upper part of the colon, the patient being in the horizontal position. The ball lodged, as was supposed, in the fossa of the right ilium, but could not be extracted.

March 26th.—The patient rested badly during the night, suffering violent pains through the bowels. An anodyne of morphiae sulph. was given, with warm fomentations to the abdomen.

March 27th.—Patient still suffers much pain. Gave him an enema, and put him upon veratrum viride gtt. v, every four hours, the pulse being 110; fomentations continued, $\frac{1}{2}$ gr. morphia at night.

March 30th.—Patient rests much better,

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pulse 80; discontinue veratrum. Bowels tympanitic. Patient discharges fecal matter through the wound. Fomentations continued.

April 1st.—Patient rests tolerably well, pulse about 80, bowels have not been moved since 28th of March, except by wound, which continues as above. Diet farinaceous.

April 5th.—Patient continues pretty much as above, rests tolerably well at night with anodynes.

April 12th.—Pulse varies between 80 and 90. Gave an enema, and moved his bowels for first time since 28th March. Still discharges fecal matter from the wound; $\frac{1}{2}$ gr. morphia each night, fomentations continued, which affords much relief to suffering.

April 15th.—Patient much worse, pulse 120, bowels tympanitic, very painful. Gave $1\frac{1}{2}$ gr. morphia, resumed the veratrum every six hours, continued fomentations.

April 17th.—Rests better. Pulse 100; abdomen less tympanitic and painful, less discharge from wound; bowels moved once daily. Continue tinct. veratrum gtt. iii. every four hours, morphia at night, fomentations continued.

April 25th.—Patient rests well, pulse about natural, bowels less tympanitic. Discharge from wound has ceased, the wound having been brought together by adhesive strips. Continue morphia at night, with fomentations. Diet farinaceous.

April 30th.—Patient still doing well, external wound healing rapidly, pulse natural, all treatment suspended except adhesive strips, and fomentations.

May 2d.—Patient feels quite well, sits up, and walks about the room.

May 10th.—Patient entirely well, going about.

It is a little remarkable that the patient recovered, and that without an artificial anus, after a discharge of the contents of the bowels through the wound for about twelve days; there must have been adhesions between the peritoneal covering of the colon and that reflected over the muscles of the abdomen. Up to date of this report the patient is well, and actively engaged in the duties of his farm.

Illustrations of Hospital Practice.

EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Cases of Hydrocele: Double Hydrocele, Chronic Orchitis, Radical, cure—Hydrocele, Iron-wire Seton, Cure—Fungus Hematodes of Ankle, Amputation, Recovery, Probable return of the Disease—Mania-a-potu, Strangulated Hernia, operation, Death, Autopsy—Rupture of the Bladder from a Kick, Death, Autopsy.

Double Hydrocele—Chronic Orchitis—Radical Cure.

—B. H., aged 53, a native, but had past most of his life in Cuba, was admitted into the hospital, by permission of Dr. Hunt. He had a hydrocele distending both cavities of the scrotum, almost the size of a large nine pin ball, entirely hiding the penis. It was so tense that it felt like a solid tumor, and did not fluctuate on percussion. Transmitted light revealed its character, the left testicle was much enlarged and could be easily felt, the right one natural in size but pushed far up. The left cavity was tapped and when emptied the trocar was carried through the septum, emptying the right side. As it was thought the hydrocele might depend upon the orchitis, the shrivelled bag was supported on a cushion and wet with a lotion, composed of two drachms of muriate of ammonia and four fluid ounces each of alcohol and water. The patient was purged and took five grains of iodide of potassium thrice daily. In a few days when the scrotum had retracted, the enlarged testicle was strapped, and the straps reapplied every twenty-four hours, which caused it to diminish rapidly. As it was soon evident that fluid was again accumulating, he was not discharged; when the sac was sufficiently distended, it was tapped and half an ounce of tincture of iodide with ten grains of iodide of potassium was injected and allowed to remain. In forty-eight hours the sac was as large as when the patient was admitted; it was wet with the muriate of ammonia mixture, and Rochelle salts given internally. The swelling soon began to subside, and in three weeks was gone.

Hydrocele—Iron wire Seton—Cure.—J. S., an out patient was admitted for a small hydrocele on the left side, had been tapped before; he was again tapped, and an eye probe carried into the cavity, armed with four strands of fine iron wire and brought through an opening made by a bistoury one and a half inches higher up, the opposite ends were united by twisting. The seton gave rise to so much irritation, that three of the threads were withdrawn the same evening, and morphia given to quiet him. Very little irritation was caused by the remaining wire, it was removed at the end of four days. There was not so much secondary effusion as generally follows the iodine injection. The cure was rapid; he left the house in four weeks.

Fungus Hematodes of Ankle—Amputation—Recovery—Probable return of the disease.—S. H., aged 30, was admitted into the hospital, by permission of Dr. Drayton, for a fungus mass involving most of the foot and leg as far as the junction of the middle and lower third, though the chief disease was at the external malleolus. The diseased portion was four inches in diameter at its base, of a dark purple color rising from an inflamed surface, with the fungus sprouting from the apex. The upper part was sloughing in large lumps. The bleeding though frequent, had never been alarming. There was a lancinating pain through it. The exciting cause of this was attributed to a sprain received three years before, as a lump had formed shortly afterwards and slowly increased. It inconvenienced him so little, that he continued laboring till a few weeks before admission, when it grew rapidly and became very painful, confining him to his bed; it was fast exhausting him.

On the second day after admission, Dr. Kenderdine, assisted by Drs. Drayton and Thomas, removed the leg by the circular method just below the knee, keeping as far from the disease as possible without involving the joint. It was then closed by sutures and adhesive strips. For some days there was much venous oozing, yet the wound healed kindly, the ligatures were all away by the fifteenth day. There were occasionally erysipelatous blushes on the stump, which were painted with tincture of iodine. He was placed upon good diet, stimulants, iron and quinia. He rapidly improved in flesh and left the house in good spirits. Knowing that the mother of our patient was suffering from a cancerous affection, which has destroyed the nose and one eye, we have occasionally visited him; about two months afterwards we noticed, a small dark purple spot, not as large as a finger nail, just above the edge of the stump; it was cooler than the surrounding parts, slightly fissured, and a moisture oozing from the surface, giving almost positive evidence that mischief was brewing.

We advised him to have the limb removed through the condyles if it should increase, but we have heard nothing from him since.

Mania-a-Potu—Strangulated Hernia—Operation—Death—Autopsy.—Elisha C., aged 45, was picked up on the commons by a police officer, suffering from debauch. When examined at the station-house, he was found to have "a lump in the groin," and was brought to the hospital. It was at once evident, from his incoherent talking, that he was bordering on alcoholic delirium. The lump gave many signs of hernia—dullness on percussion, some impulse on coughing, &c. As far as we could learn from him, it had been there four years, and he had worn a truss for it, though he had none on when found.

An effort was made to reduce it by taxis, placing him in the ordinary position on his back, with the body raised and the limb of the affected side elevated; a part was returned, as proved by the diminished size and the gurgling of the escaped bowel, but most of it remained in position. The man presented no symptoms of strangulation. Operative interference was considered unnecessary by Drs. Thomas and Kenderdine, as it might be an incarcerated hernia. There was some tenderness in the mass, and the belly slightly tympanitic. One dozen American leeches were placed around the tumor, stipes of turpentine and laudanum applied over the abdomen, and half a grain of sulph. morphia given every hour and a half, with brandy, when the delirium increased. After the lapse of twelve hours, symptoms of strangulation began to manifest themselves. There was vomiting, yet free from fecal odor, with increased pain and tympanitis in the abdomen. He was seen in this condition by the attending officers at their next visit, and an operation at once determined upon, which was performed in the usual manner by Dr. Kenderdine, by permission of Dr. Thomas. A simple incision was made through the skin, the portions beneath divided on a director. The condition of the parts soon showed that the eight layers so beautifully described and figured in works on surgery, might be increased indefinitely. The parts were so thickened and congested by the pressure of the truss, that it was difficult to distinguish the sac. When this was opened, but little fluid escaped. There were some recent adhesions between the sac and the contents, which were mostly omentum with a small portion of gut. There was a slight stricture at the external ring, which was nicked, and a very tight one at the internal ring, the division of which was very difficult. The contents were then replaced, and the vomiting ceased almost at once.

The wound was closed with sutures and adhesive strips, and a figure of eight bandage applied around the body and thigh; half a grain of morphia was given, and turpentine kept over the abdomen. In three hours afterwards his bowels were opened naturally. He continued quiet during most of the day, but toward evening became more delirious. This increased upon him, and he became so violent that it was necessary to confine him by bandages. While struggling he managed to displace the dressings and get his finger in the wound, causing a slight hemorrhage. The tympanitis increased, which was relieved by turpentine and assafoetida injections, but the man gradually sank, and died on the fourth day, exhausted by his struggles. The autopsy showed that the bowels were in good condition, but there was evidence of peritonitis radiating from the wound. His death was probably more owing to mania-a-pota than to the hernia.

Rupture of the Bladder from a Kick—Death—Autopsy.—C. B., aged 24, was brought to the hospital by his companions. A glance showed that he was suffering intense agony. He was sweating profusely, yet in a state of high nervous excitement. He had been drinking, and said that he "had been kicked in the guts, and something had bursted in his insides." On examination, we found no ecchymosis on the abdomen, the skin in the hypogastrium was slightly scratched, but hardly enough to attract observation. He had not passed his water for some time, and since the kick had a constant desire to void it, but was unable. From these statements, and the condition of the patient, we suspected that the bladder was ruptured. Upon passing a catheter a little bloody urine flowed; a flexible catheter was introduced and retained, but the discharge from it was very small. Half a grain of morphia was given and repeated every hour and a half, until relief was given. He seemed to doze after a few hours, but before next morning peritonitis manifested itself. There was febrile reaction a firm wiry pulse, with the belly puffed and acutely painful.

He was treated in the usual manner without avail; gradually sinking, he died on the fifth day.

The autopsy revealed a fissure of one inch and a quarter in extent, near the upper part of the bladder; the edges were jagged, and the mucous membrane protruded through the opening. Dr. Gross states, in his work on urinary diseases, that the organ in this condition is generally much contracted. It was not the case in this instance; the walls were stretched and thin. It appeared as if the contractile powers had been paralyzed upon receipt of the blow, leaving it in its distended state. The abdominal cavity contained about one pint of urine and blood. There was universal peritonitis.

(The subject of rupture of the bladder has been most fully considered, especially in its medico-legal relations, by Dr. Stephen Smith, of New York, in an article published in the *N. Y. Journal of Medicine*, May, 1851. Dr. Smith tabulated 78 cases, according to sex, age, primary symptoms, progress, treatment, result, post-mortem appearances of viscera, post-mortem appearances of bladder, and condition. In these cases the bladder was generally found contracted, i. e. where the condition of the bladder is noted. It is, however, quite likely that where the bladder was found relaxed, or of normal size, no note was taken of it in the necroscopic accounts, and thus the impression may have erroneously arisen that as the general rule it is found contracted. At any rate, of the 78 cases tabulated by Dr. Smith, only 17 are recorded as firmly contracted, and in two no bladder was found.—EDITORS.)

Reviews and Book Notices.

A Treatise on Fever—Its Cause, Phenomena, and Treatment, with an Appendix, containing Views on Some Female Diseases, Some Diseases of Children, etc., by Resin Thompson, M. D., Nashville, Tenn., Published by the Author. 1860.

It has not been our good fortune to be acquainted with the two first editions of this work; and in confessing our ignorance in this respect, we have endeavored to make it good by a very careful perusal and study of the present edition.

Dr. Thompson has a *mission* to perform, and more than that, he is most enthusiastically aware of it. This mission consists in laying before the world a *discovery*, a *grand* discovery, made by himself. It is nothing more nor less than to arrest the mortality from febrile diseases, and Dr. Thompson intimates that by his plan (of treatment of course) some 250,000 lives might be saved in the United States annually.

Like a sensible man, however, Dr. Thompson is aware that the world is eminently skeptical, and especially physicians. He is "aware that we are all slow to acknowledge anything to be great which is the work of a contemporary, and especially of a fellow-citizen and an equal: it requires the charm of distance, of time, or space, to throw around any great discovery that prestige which commends it to our acceptance."

Alas, too true! But there is a consolation which carries balm to greatness thus neglected. Hear we the author:

"Of all ages of the world this is the time; and of all places, this is the locality, in which we might most reasonably look for something great to originate; for I shall not deal much in the imaginary when I say, that this is the most enlightened age of the world's history, and these United States contain more intelligence than any other country which the sun looks upon; and Tennessee is the centre State of this great Republic, and Nashville is the *sensorium commune* of Tennessee."

Imaginary? Not at all! One Thomson wrote a highly imaginative poem on the Seasons; no matter if he had no "p" in his name. Since then we have not heard of another of the family dealing in the imaginary. Only one thing, with true modesty, has Dr. T. omitted—namely, that of that *sensorium commune*, he is the *central ganglion*. Thus

incidentally have we discovered the pituitary gland of the intellectual world!

The first five chapters under which the author considers his subject, treat respectively of capillary circulation, general circulation, fever, its nature and phenomena, causes of fever and treatment of fever. Eighty-two pages are devoted to these subjects. In regard to the first two, Carpenter is the prophet by whose beard the author swears. Nothing new is brought forward. With laudable zeal, however, he claims for the blood a circulation in the capillaries, independent of the *vis a tergo* of the heart, in which we quite agree with him. Not so easy is it to comprehend the author's ideas of the nature and causes of fever, who is "not content with knowing that he can *abort* all the forms of fever common in our country," but who also wishes to know "how the thing is done." Exactly.

All disease is dependent on and has its very existence in debility, *ergo etiam*, fevers. That is all which we can decipher out of the theoretical hieroglyphics of Dr. Thompson, and as to their cause he states: "That the cause of all malarious, epidemic and contagious fevers is organised existences—infinitesimal animalcules or sporules, which float in the atmosphere, and are inhaled with it into the lungs, and permeating the lining of the air-vesicles, enter the blood, and by it are carried to the nervous centres, where they act as narcotic poisons."

Cruel things! Wicked animalcules! Evidently Dr. Thompson has seen them, not only flying about, but actually perforating their way through the air-vesicles into the capillaries, and perhaps at a day not far off he will give us descriptions and drawings of each species of animalcule causing a peculiar type of fever. They will all be named after Thom(p)son. Whether they are infinitesimal, excentrically or concentrically, Dr. T. does not inform us; for which we are sorry.

Having "dwelt long enough upon the cause of fever, its nature and phenomena, and having, doubtless, convinced all whom I shall be able to convince that the theory I have offered is the true theory," Dr. T. next comes to the plan of treatment "which has grown out of these views"—and which "*in my hands* has proved successful beyond any parallel of which I am informed." Of this we are glad, both for Dr. Thompson's sake, and his patients.

Like a practical man, our author first proposes to remove the cause. This being inva-

ably animalcules, it is only necessary to find some universal "insect killer," and the thing is done. Consequently oil of sassafras is the great remedy. He has tried it a thousand times, and found it immediately fatal to every kind of insect life. Sassafras—*magnum donum Thompsonii*! Idiopathic fevers of all kinds need no longer frighten us, when in this oil we possess the means of lubricating their causes out of existence. But as this takes time, and meanwhile the ugly little creatures are narcotizing the nervous system, we must use something to allay the disturbance in the nervous system. Here valerian is the great remedy. Then the capillary action must be restored, and piperine, we are informed, is just the thing. The heart's action must next be quieted, and here various means, not necessary to be mentioned here, come into play.

Dr. Thompson, of course, has a universal syrup with which he aborts all fevers. It is composed of syrup of rhubarb, tincture of valerian, each two ounces; oil of sassafras, twenty drops; piperine, ten grains, supercarbonate of soda, twenty grains. This is given in tablespoonful doses every two or three hours, and with it he cures yellow fever and typhoid alike.

We have neither time nor space to follow the author through his review of the various theories of fever. In a chapter he treats on dysentery. For this he also has an unfailing syrup, which is the compound syrup of—peach-leaf.

Finally, we must add, that Dr. Thompson winds up his book with decidedly quackish tendencies; bringing certificates of the efficiency of his compound syrups from various sources, and also stating that he has them ready made, awaiting orders.

The book is dedicated to Prof. Bowling, of Nashville, which honor that gentleman will of course highly appreciate.

We hope this to be the last book that Dr. Thompson will miscarry upon the public.

French Society Discussions.—The *Med. Times* gives the following French criticism of these brilliant discussions which ever keep up so much medical sensation: "A strife of words kept up by a confusion of principles; entire absence of conviction in one party, and extreme narrowness of views in another; fighting in empty space; reasonings in a circle; and false conclusions."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 8, 1860.

VENTILATION OF PUBLIC BUILDINGS.—THE NEW COURT HOUSES.

Charles Goodyear, the inventor of vulcanized india rubber, spent twenty-five years litigating his claims in different courts throughout the country; and when at last, in the final court of appeal they were fully established, he lived but a short time to enjoy the emoluments resulting from the decision. He gained his suit, but lost his life! A coroner's jury might have rendered a verdict in his case—"Died of the foul air of court rooms."

It is notorious that our court rooms, as well as most of our other public audience rooms are almost universally badly constructed as regards proper means of ventilation. The rooms, which are almost always thronged by a promiscuous crowd, are generally small, with low ceilings, and narrow doors and windows, which are, as often as any way, closed by curious spectators of the proceedings within. A latticed opening in the ceiling into a close garret, or into the space between the ceiling and the floor of the room above, is dignified by the name of "ventilator," and the audience is cheated into the belief that the room is ventilated. Meanwhile the atmosphere of the room gradually becomes loaded with particles of dust raised by the motions of the audience; by moisture from the breaths of scores of persons; it becomes redolent of the fumes of tobacco, lager beer, bad whiskey and other "separate and well-defined stinks"—oxygen and nitrogen give place to carbon, moisture, nicotine, alcohol and dust. Throwing out of the question the unfavorable influence all this foul air must have on the administration of justice, it is enough for us to look at its bearing on the health of the community.

We were lately called upon to spend four hours in one of our court rooms, in order to give testimony which occupied about five minutes in the delivery. The result was a violent headache, several days of discomfort—and these editorial remarks! And we doubt not

our feelings were participated in, in a greater or less degree, by a large part of the audience.

Court rooms are almost always filled, no matter how trivial the cases on trial, and there are times when the public are so interested in a case that every inch of room is occupied. How urgent then, the necessity that they should be thoroughly ventilated. Science should be put to the rack to suggest the most perfect system of ventilation. There should be sufficient power at command to *force* fresh air into the room in a constant stream to the exclusion of the foul, vitiated and poisoned air that is exhaled from so many lungs. And yet where is the court room that has a complete system of forced ventilation connected with it? These remarks are in a great degree applicable also to many of our churches, lecture rooms, school rooms, and to our hospitals, prisons, and other public institutions. It is high time that attention was drawn to the importance of a subject which so directly concerns the health and the lives of the community.

Our city is about to erect new buildings for the accommodation of the United States and City courts. Fortunately the location selected for the erection of the buildings, besides being central and adapted to the wants of the city, is elevated, and open to a free circulation of air. All that is wanted in addition, is the adoption of plans for the buildings that will secure a *thorough ventilation*. This may, and probably will, involve the sacrifice of some architectural taste and display, but what is that weighed against health and life, against clear expositions of law, lucid arguments, comprehensive and comprehensible instructions, careful deliberations and righteous decisions?

The commissioners for erecting the new Parliament House in London, employed a man thoroughly skilled in his art to adapt a complete system of ventilation to that immense structure, and although the same man had but a few years before proved to the satisfaction of every one the importance of a thorough system of ventilation by entirely renovating the old Parliament House, which had become so foul as to be almost a charnel house, yet because the architects thought that some pro-

posed ventilating towers in the new building were incongruous with the general plans of the building, the whole system of ventilation was sacrificed to architectural display. Is it strange that we now read of the poisoned, foul air of the new Parliament House? We trust that the commissioners, to whom is entrusted the adoption of plans for the erection of the new Court Houses in this city, will *insist* on the adoption of a proper system of ventilation, even at the sacrifice of some architectural display.

A MISAPPREHENSION CORRECTED.

A correspondent, evidently misapprehending the action of the American Medical Association, at its last meeting, in regard to spring courses of lectures, writes—"I shall ever resist the attempt to *force* every Medical College, from Maine to California, to teach medicine only at a particular season of the year."

We do not understand the Association as attempting to dictate to the colleges the season of the year at which lectures shall be delivered. Its object is to oppose the very great evil—which we are sure our correspondent is not prepared to defend—of students beginning to attend lectures either in the spring or fall, and at the close of their first course immediately matriculate in another school, and graduate within ten months from the first commencement of their attending lectures.

We think that the resolution as adopted by the Association, viz:—that "no student shall attend a second course of lectures until a year shall have elapsed since the commencement of his first course,"—should commend itself to the support of all who desire to encourage a higher standard of medical education. Surely no one will pretend that a student can be hurried through two courses of lectures within one year, and be much profited by it. Such literary gormandizing must, in most instances, result in an overtaxing of the mental powers, and a consequent crude digestion of the medical knowledge attempted to be imparted by the lecturer.

It is a mistake to suppose that this resolution was aimed at those schools that hold their

sessions in the spring. It will, it is true, prevent the first course students of the preceding fall from attending a spring course, and *graduating*—and so it should—but it will also prevent the first course students of the spring schools from graduating at the succeeding fall and winter courses.

The objects and aims of the resolution seem to us perfectly plain and reasonable, and should commend it to the hearty support of all who really desire to see medical education keep pace with the demands of the age. One course of medical lectures a year, is as much as can be profitably attended by the student.

Our correspondent "L." is severe on one of the features of the quack medicine nuisance, and takes "*high ground*." But he is right, and we believe it time that this subject should be ventilated. No honest newspaper, of whatever kind, has any business to countenance, directly, or indirectly, the vile and dangerous traffic.

SEA BATHING.

It is impossible not to observe how evenly modern enterprise keeps pace with the wants of civilization, and especially in that direction which administers to the comfort of body and amusement of mind.

Six years ago, a little island in New Jersey, which had long been known as a favorite resort of sportsmen, and which has been associated for nearly one hundred years with the Leeds family, (several of their descendants still residing there,) in consequence of the construction of a railway from Camden to Absecon, thence over several miles of meadows, and finally, by a substantial bridge connected with the main land, suddenly, as if by magic, is elevated to a well deserved notoriety. Judging from the experience of the past, and the many natural advantages possessed by this spot, its prosperity may only be regarded as having just been inaugurated. The island, upon which Atlantic City stands, is by railway 60 miles from Philadelphia, or in this day when time not distance rules the hour, two hours and a half from the city. It is about eight miles in length, by three-quarters of a mile in breadth; having the ocean on the one side, and the bay of Absecon on the other, the two communicating at either extreme by inlets. When the railway was first built, there were only three houses on the island; there are now one hundred and thirty-three, with a permanent population of 600 inhabitants. One hundred

houses offer accommodations for visitors, and the pleasure-seeker or valitudinarian may quarter himself, as best he pleases, either in the fashionable and well-appointed Hotel, or the quiet and retired cottage. Among the buildings of the latter description, are several replete with taste and elegance, which belong to Philadelphians. These they occupy during the summer months; attending to their business in the city during the day, and spending the evenings and Sabbaths with their families on the island.

The city was incorporated in 1854, the municipal government being placed in the hands of a Mayor and six Councilmen, who appoint a Police force sufficient to prevent all disorder or improper conduct. Several large and handsome churches have been erected. One by the Presbyterian denomination, in 1856; one by the Methodist, in 1857 and '59; and one by the Roman Catholics, in 1858. Episcopal service is also regularly conducted, during the season, in Mansion Hall.

On the ocean side a magnificent beach extends from one end of the island to the other, and covered by a surf which can scarcely be any where surpassed. Its regular and uniform slope, and the existence of a semi-circular bar, render the bathing more than ordinarily safe. The temperature of the water will compare favorably with that of any similar resort in this country or Europe.

By experiments performed by M. Gaudet at Dieppe, on the northern coast of France, as we learn from Dr. Bell's valuable work on Baths, extending over a period of ten years, the air ranged over a scale of 18 degrees, and the water 9 degrees. The average temperature during the three summer months, of the air was 63 deg., and of the water 64 deg. On the coast of England, the temperature of the sea averages during July and August 63 deg. M. Le Cœur states the heat of the ocean at Caen, Normandy, from the middle of July until the last of September, to be 69 degrees; and according to Vogel, at Deboran the temperature during the bathing season is 60 degrees. From some thermometrical observations by the writer, and covering a period of 18 days during the month of August, taken in the water and the air at the hours of six and eleven, A. M., and six o'clock P. M., of each day, the following results were obtained: The average temperature of the water was 70 degrees, and of the air 69 degrees, at Atlantic City. The greatest heat during this period, of the air was 77 degrees, the least 66 degrees; the highest temperature of the water, indicated by the thermometer, was 78 degrees, and the lowest 68 degrees. The latter taking place after a very severe north-eastern storm.

The prevailing winds for the same time, were from the south-west.

After midnight, the land breeze springs up, and

continues to blow out until about 10 o'clock the succeeding morning, when a strong sea air sets in; and so alternately we have land and sea currents.

There is also here a peculiarity of the air quite different from some other sea-shore localities; and that is the remarkable absence of moisture. This fact has been very generally observed, and which is one of great importance in a hygienic point of view, designating the situation as one to which persons laboring under pulmonary disease, may repair with decided advantage. The explanation of this atmospheric state is probably to be found in the circumstance of the island being surrounded on all sides by salt water, without any admixture from fresh water bays, and so maintaining a circle of corresponding degree of temperature, both of water and air. Though July and August constitute the months of principal resort, there is no reason why sea bathing might not be practiced with equal advantage during September. The writer is informed, from reliable sources, that there is a very slight diminution in the temperature of the water, and that the air continues mild and pleasant until the last of October. May not the gulf stream, which approaches within 80 miles of this point on the coast, exert some influence on the temperature of the water? This state of water and air would enable persons just beginning to feel the beneficial effects of the air and water, to prolong their stay, or those who may have not experienced the necessity of relaxation until the ordinary season has passed over, to still visit the shore with advantage, and certainly with the opportunity of commanding comforts which could scarcely be enjoyed during the earlier and more crowded part of the season.

Independent of the bathing, there are here various sources of amusement and instruction. If fond of natural studies, the visitor may find in the waters, and upon the beach various forms of marine plants and animals, the study of whose organizations cannot fail to prove interesting. Or he may try the temper of his stomach on the open sea, in some of the many yachts which are always in readiness for a sailing excursion. If an admirer of Izaak Walton, he may, with line and daisy, bring up from the briny depths of the bays, a variety of the finny tribe, with which their waters abound. This is among the most exciting occupations of the place, and we feel certain that, after enjoying one of these fishing excursions, the visitor will not fail to bestow a few anathemas on the author of *Don Juan*, who could invoke such an imprecation as the following on the good old Prince of Anglers:

"And angling, too, that solitary vice,
Whatever Izaak Walton sings, or says;
The quaint, old, cruel, coxcomb, in his gullet
Should have a hook, and a small trout to pull it."

Or with gun and decoys he may enjoy the most exciting sport among the clouds of fowl which frequent the almost interminable meadows. If disposed to rise in the world, he may ascend by 240 iron steps to the summit of the light house, which towers in colossal height two hundred and eighty feet, and from whose top the spectator may behold a panorama not often excelled in either extent or grandeur. This important structure was erected by the government, in 1854, and is crowned with a magnificent French lamp, constructed by L. Sauttie & Cie, of Paris, containing 256 lenses, at a cost of 15,000 dollars. It is visible fifty miles at sea; the light reaching its greatest intensity at the distance of 30 miles. The material used is oil, 600 gallons of which are consumed annually. Or if the visitor should be inspired by the genius of poetry or romance, he may find one here, living in lone and retired independence among the groves of cedar, bay, and holly, whose congenial spirit will entertain him, no less by the lays of the muse, and the tasteful and ingenious forms of shellwork, framed by her hands, than by the recital of a personal history, which gives new force to the oft repeated quotation, "truth is sometimes more strange than fiction."

In conclusion, let us throw out a suggestion. It is estimated that by the end of the season, almost, if not altogether, eighty thousand persons will have visited the island. This enormous number may be divided into three classes. One consisting of persons whose stay is transient—merely to see the place, and spend a day or two pleasantly; a second, of persons who, having leisure and means, go for recreation and amusement; and a third, of persons broken down and enfeebled in health.

Of this latter class, there are many who are not competent to the task of walking to bath houses upon the beach and changing their clothing, or of being beaten about by the force of the sea breakers, and others who have not constitutional vigor sufficient to bring about a perfect reaction. To meet the necessities of such, why not have bath rooms in connection with the boarding establishments, where the water, conveyed from the ocean, could be elevated to any degree of temperature, thus furnishing the invalid with the advantages of cold, warm, shower, or plunge salt baths. Such facilities would not only repay proprietors for the expense in their erection, but attract crowds of sufferers, who now remain at home, or go in some other direction.

—o—
Philadelphia County Medical Society.—The first meeting of this Society, after the Summer vacation, will take place on Wednesday evening, September 12th, at the usual place of meeting. Subject for discussion:—*Abortion, its causes, dangers, and treatment.*

Correspondence.

EUROPEAN CORRESPONDENCE.

Dublin—Its Institutions—St. Vincent's Hospital—University of Dublin—Trinity College—Museum—Curious Specimen of Transformation of Joints into Bone—Library.

Cork, Aug. 19th, 1860.

Editors of Medical and Surgical Reporter :

GENTLEMEN :—When in Dublin a few days ago, I took the opportunity of visiting the University and one of the Hospitals. Of the latter there are several. Stevens' Hospital, Royal Hospital, St. Vincent's, a Military Hospital, and the Hospital connected with the Workhouse, or as it is often called here, the "Union."

The only one which I found time to visit was St. Vincent's in Stevens' Green. It is, I believe, not quite as large as Stevens' Hospital, but it is considered to be one of the best managed in Dublin. The building which composes it was at one time the residence of the Countess of Neath, who gave it for the purpose to which it is now applied. Additions have, however, been made, and it is now capable of accommodating nearly 100 patients. This seems a small number compared with those contained by the Hospitals in London and Paris, but it is necessary to bear in mind that the chief city in Ireland contains only about one-tenth of the population of London, or not quite half that of Philadelphia. Indications of the original use to which the building was put, can be discovered in the carved wood work about the rooms and in the ornamented ceilings, also in the size of the wards, in each of which only six or eight patients can be accommodated. In the new portions of the building, however, the arrangements are very similar to those of most of the other institutions which I have visited, the wards being long and narrow.

St. Vincent's Hospital is in the hands of the Roman Catholics, and is supported entirely by voluntary contributions. The nurses are all nuns, and one of them showed me around the house. There are no residents, but three attending physicians, who pay a visit twice daily, and are sent for in any emergency. Each of these physicians pays a visit twice weekly, accompanied by students. There is an operating room capable of containing about eighty persons. Every thing appeared to be very neat and clean, and the nun who showed me around seemed to take an interest in pointing out what was worthy of observation. I was, however, sorry not to have seen some one of the physicians or surgeons, none of whom happened to be in at the time of my visit.

I was very much interested in my visit to Trinity College, otherwise called the University of Dublin; this University only containing the one College.

There is in Ireland one other University called Queen's University, and this consists of three Colleges, one at Cork, one at Glasgow, and one at Belfast.

In Trinity College there is taught Law, Medicine and Divinity, besides the usual studies of the Department of Arts. The College was founded by Queen Elizabeth, and there is a picture of her hanging in either the dining hall or the hall for examination, I forget which. In both of these rooms there is a number of portraits of Professors or Patrons of the University.

In the Medical Department I visited the Museum, the Dissecting Room, and the Laboratory. Dr. Apjohn is the Professor of Chemistry, and occupies the same chair also in the Department of Arts. The duties of one of the chairs, require him to lecture three times weekly, and of the other, four times weekly. There are also two laboratories and two lecture rooms, one for each of the departments. Each laboratory was apparently amply supplied with apparatus.

In the Museum there was a skeleton of a giant eight feet six inches high, but although the height was so great and the chest was splendidly developed, the cavity of the cranium was not, I was informed, larger than the average, and certainly on a cursory view, it did not strike me as being equal to the average. The most remarkable thing, however, which I saw in the Museum, was the skeleton of a man, all of whose joints had become ossified, with the sole exception of those of the phalanges, and of one wrist. Even the neck was perfectly immovable, as could be readily seen, for there was a mass of bone extending from the occipital ridge to the dorsal vertebrae, showing that the tendons of several of the muscles of the back, or rather the muscles themselves, had been converted into bone. The microscopical examination of this new formation revealed, I was informed, all the characteristics of bone, showing that it was not merely a deposit of osseous matter, but an actual conversion into bone.

Who, at first sight, if asked whether he would have preferred to have had his lot cast in the condition of this poor creature, half turned into bone, so that he could be seized by the feet and held out horizontally, without the least bending, or in that of the Irish Giant of 8½ feet, would not prefer the latter, and yet this giant died at the early age of twenty-five, while the other lived for about a century, and enjoyed life even to the last; for with his one movable wrist he managed to play cards, even without any other part of his body being of any use to him.

One of the curiosities of the Museum is the series of wax models, (or as they call them here, wax

works,) which were made in France two hundred years ago. Some of them are still very good, or perhaps I should content myself with saying *some parts* of some of them, for they are falling to pieces. Of course, however, they never were to be compared to those beautiful models made in modern times by Messrs. Towne & Tuson.

The pile of buildings which forms Trinity College is quite extensive. A new and very handsome edifice has just been completed, which is intended to contain the Museum, and some Lecture Rooms.

I visited the Library, which contains about 100,000 volumes, among which are many valuable manuscripts; also the Chapel, in which is an old organ, said to have been brought over in the Spanish Armada. But I find I am running off from the proper subjects of my letter into non-medical matters, for which I refer you to the Guide Books for further information. Hoping that before long I may be enabled to send you a more interesting letter, I remain,

Very truly, yours,

M. D., ABROAD.

QUACK ADVERTISEMENTS IN RELIGIOUS NEWSPAPERS.

Philadelphia, Sept. 4th, 1860.

Messrs. Editors—Every intelligent physician must appreciate the importance of your remarks upon the "Quack Medicine Nuisance" in last week's issue of *The Reporter*. It is a subject which the philanthropist must contemplate with sorrow and regret, when he sees the all-powerful secular press of this country, hiring itself out to be the avenue, through which one the greatest moral and physical wrongs is inflicted upon humanity.

When this portion of the press shall have thus cleansed itself of these filthy and ribald advertisements, and be no longer the banners of a multitude of lying and ignorant pretenders, we may congratulate ourselves upon having reached an era, full of promise for the unfortunate of our race.

If this feature of the secular press is to be so deeply deplored, how much more so is the shameful and sickening example of a portion of the so-called religious press, which appears to have escaped your editorial attention.

Many of the clergy have long been notorious for the affectionate manner with which they have regarded all forms of medical humbug, and whether the mixer of the vile trash deals in "prince of purges," or criminal abortions with female *regulating* pills, he is always able to find some one suffering the "incumbrance" of D. D. to write a sentimental puff, and some solemn sheet to herald it at fifty cents per bottle, or five boxes for one dollar, and thus the religious press, whose affirmed mission

is one of truth, degenerates into organs in whose columns any ignorant quack may display his lying and delusive testimonials. But these men pay well for their space in the newspaper, and the editors must *live* even if they be indirectly the means of wrenching the last dollar from, or sending to his long home, some unfortunate or *sinning* fellow mortal.

In looking over some files of religious newspapers, I find that in some a half column to a column and a half is dedicated to this elegant literature, and the nostrum comes well recommended by numerous respectable clergymen. The question naturally arises, do these gentlemen believe in the infallible efficacy of these compounds? Certainly not, and under these circumstances the only inference that can be drawn, is by no means favorable to them as honest searchers after the right, or moral instructors of the people.

I think, Messrs. Editors, that we must all agree with Southey, that "Man is a dupable animal. Quacks in medicine, quacks in religion, and quacks in politics know this, and act upon that knowledge."

But, at this late day of civilization and intellectual culture, it is a sad thought that those from whom we should expect most, have made themselves *participes criminis* with the empiric, to rob him of Heaven's most precious gift; for, if we believe with the Roman orator, that "Men resemble the gods in nothing so much as in giving health to their fellow men," he must also agree that the Devil alone is the accomplice of him who would rob the afflicted of his only hope for relief—scientific medication.

What matters it if a city should be beautified by marble palaces, or a sectarian university's treasury filled with the proceeds of this infamous traffic; rather had they all crumble into dust than that one single cry should be heard for bread from a household, whose all had been exhausted to appease a mania for quack nostrums; for the habit of dosing with these "Panaceas," once confirmed, is one of the most dangerous and tenacious of all the indigenous habits of the American people.

The gentlemen who edit these religious newspapers, are some of our most eminent clergymen, men, whose lives belie the charge that this wrong is done knowingly, and for the sake of gain.

Why is it, then, Messrs. Editors, that clergymen are, and have always been the aiders of imposters, and the religious press their most potent defenders. It must be that unfortunately they do not understand the close relation of medical and moral science. Wipe from the earth our knowledge of the laws which govern the life of man, all our facts concerning him as an individual and as a race, and restore the old faith in amulets, charms, in the "Ad-

mirable Secrets" of Albertus Magnus, the "Demones of Cornelius Agrippa;" or, let the religious press succeed in their efforts to make the people have faith in the nostrums which they advertise, and where will moral science be then? Nay, rather that this should be, better had the torch of the incendiary levelled to the ground the office of every newspaper that sings the Syren's song.

Messrs. Editors, I must close this already too long epistle, hoping that the time is not far distant when these clergymen will believe, with the good philosopher, that "medical cannot be separated from moral science, without reciprocal and essential mutilation;" or, should they never make an effort to search for the truth, and still be content to tread this dangerous ground, I trust they will at least imitate old Mercuriophiles Anglicus, who knew "enough to hold his tongue, but not enough to speak."

Sincerely yours,

L.

ONANISM IN THE LOWER ANIMALS.

A correspondent from New York writes us a letter in reference to the effects of onanism which he has observed in a little poodle dog.

"The animal was extremely poor, and thinking it was from want of food, I fed him unsparingly; but to no effect,—he grew worse daily. At last I discovered the habit above-mentioned.

"The first symptom of the disease was an uneasy restlessness,—after which day by day revealed new features.

"His eyes at times appeared as green as verdigris; he whined, yelped and barked. Finally he refused to eat, but drank water incessantly.

"Sometimes, after having been lying quietly, he would suddenly spring to his feet and rub his head on the lumbar region, while his tail would stand rigid and erect, his fore-and hind-legs, stretched to their full capacity, giving every evidence of pain in the genital and lumbar region, and showing signs of epileptoid tetanus. These symptoms continued until the day before his death, when he would rest for a few moments, then jump up and run as fast as he could until striking something, when he would fall heavily, and in a short time a terrible fit would intervene. In one of these fits he died.

"Post-mortem examination.—The testes were nearly gone; what remained of them had a milky appearance. The corpus spongiosum was large and highly inflamed, while the prepuce was pale and withered like the hands of a washerwoman. There was considerable serous effusion around and infiltrated in the brain; particularly the pons va-

rolii. The substance of the brain was in a soft, pulpy condition.

"I give you this account of this curious case, believing it to be an interesting evidence of the danger of this loathsome practice so common among the higher classes of animals." W. G. B.

News and Miscellany.

The Grape Cure is said to be increasing in popularity, and great numbers now resort to the Swiss and German vineyards. Grapes have from antiquity had the repute of possessing great curative properties, but their recommendation as a panacea is quite modern. A few years ago some accounts of the grape cure attracted a momentary attention, but since that time but little on the subject has appeared, though the practice has continued to progress in a local and quiet way. The *Lancet* says, that in the grape countries, as Germany and Switzerland, the system has become sufficiently developed to possess a literature, and a hospital with its staff. There are thirteen or fourteen monographs on the subject in German, and two in French.

The patients, for the purpose of undergoing the treatment, seek the vine-clad hills and lake sides of those most picturesque countries, where the grape in its perfection luxuriates. They rise early and spend the day in the open air, strolling at leisure, in a genial climate, amidst the most beautiful scenery. They eat grapes as they pluck them, in the walks, fresh from the terraces, and are scarcely limited in the amount they may thus consume. The quantity eaten during the day varies from four to twelve pounds.

As usually practiced, the grape cure can only be considered as a dangerous, empiricism which, when carried to an extreme, must prove fatal to many; but the treatment is certainly attractive, and in scorbutic and all conditions in which a radical change in diet and habits is indicated, such treatment may be beneficial.

Prize Essay for the Ohio State Medical Society.—At a meeting of the Ohio State Medical Society at White Sulphur Springs, in June, 1860, the following resolution was adopted:

"Resolved, That a medal of the value of fifty dollars, with a suitable inscription, be offered by this Society, and awarded to the author of the best essay by a member of the Society; the determination of

merit, the subject of the essay, and the regulations of the competition to be made by a committee hereafter appointed, their award to be made before the next meeting of this Society."

The President appointed Drs. M. B. Wright, of Cincinnati, R. Rodgers, of Springfield, and S. G. Armor, of Dayton, the committee. In accordance with the provisions of the resolution, the committee announce as the subject of the prize essay, "The Use of Anæsthetics in Obstetrics." The essay to be by a member of the Society, and to be forwarded by April 1, 1861, to Dr. Wright, of Cincinnati, chairman of the committee. Each essay to be accompanied with a sealed note, containing the author's name.—(*Cincinnati Lancet and Observer*).

In the Cincinnati *Lancet and Observer* for September, Dr. David Hutchinson, of Mooresville, Indiana, publishes a paper on the Physiology and Pathology of the Spleen, in which he comes to the following conclusions:

1. The spleen serves as a diverticulum or reservoir for the blood, and thus regulates the quantity of the blood in the circulation.

2. The spleen performs a very important office in the process of sanguinification, either as a blood-disintegrating or as a blood-forming organ. We leave this as an open question.

3. Malaria acts upon the blood, breaking down the blood corpuscles, from which results disease of the spleen, and a peculiar anæmic condition of the whole system.

4. The cure of this splenic affection depends on the administration of quinine and iron—especially the latter. These remedies being stimulants of cell growth, which is deficient in splenic cachexia.

Acu-pressure.—"We do not view the above as a reliable mode of arresting surgical hæmorrhage. The presence of a needle of oxidizable metal in a fresh wound, would be infinitely more irritating than a ligature. Besides, the needle inflicts a punctured wound, which of all other small ones is the worst. Tetanus sometimes results from a needle puncturing the food. And very serious consequences often result from needle wounds of other parts.

In vitiated constitutions, the removal of pressure from the artery, after its division, in two or three days, as recommended, is entirely too soon.

The *acu-pressure* appears to possess no advantages, but many disadvantages, over the

ligature. We therefore predict its ultimate failure in securing the confidence of the medical public generally."

Thus says E. S. Cooper, A. M., M. D., Editor of the San Francisco Medical Press. We cannot speak for California, but in these regions *acu-pressure* has been used with signal success, as the recorded cases of the Philadelphia and New York Hospitals, and of private practice, prove.

Heureka!—a Sure Cure for Sciatica.—Dr. Joseph Haine, of San Francisco, having read in the *Courier des Etats Unis*, the account of a case in which sciatica was cured by cauterizing the external ear with the actual cautery, tried the remedy himself, in three cases, and, as he reports in the *San Francisco Medical Press*, with complete success. *Poster, propter, etc.!* We shall next hear of cauterization of the little toe for otalgia.

A Step in the Right Direction.—We learn from the *Boston Medical and Surgical Journal* that the Trustees of Amherst College, at their late meeting, established a new Professorship, under the title of *Hygiene and Physical Education*. Dr. John W. Hooker, son of Dr. Worthington Hooker, was elected to fill the new chair.

Iodide of Propylamine.—According to M. Benjamin J. Crew, in the *American Journal of Pharmacy* for September, propylamine combines readily with the aid of a gentle heat with iodine, and forms a colorless solution in which the characteristic odor of these two substances can be perceived. It may be prepared by adding iodine to a convenient quantity of propylamine in a glass flask over a sand bath as long as the iodine is taken up; a deep red solution is first formed, which, as the combination is effected, becomes gradually colorless; in case of an excess of iodine, a small addition of propylamine will speedily take it up.

M. Crew suggests that the iodide of propylamine might be found to answer better in certain cases than the chloride. He proposes the following formula:

R. Iodide of Propylamine 25 drops.
Peppermint water 6 f. oz.
Sugar 2 drachms.

Dose.—A table-spoonful every two hours. In this form the patient would receive the $\frac{1}{18}$ gr. of iodine at a dose.

Army and Navy Intelligence.—Surgeon J. K. Barnes has been ordered to repair, on or about the 1st of October, 1860, to the Head Quarters of the Department of Oregon, and report for duty to the Commanding Officer.

Assistant Surgeon, J. D. Grafton, has been ordered to the Receiving ship North Carolina, at New York.

Passed Assistant Surgeon, A. M. Lynch, has been ordered to the Navy Yard, at Philadelphia.

Surgeon Wm. F. McClenahan, has been ordered to report for duty, at the Navy Yard, Washington, on the 1st of September, to relieve Surgeon George Clymer.

Surgeon C. C. Keeney has been relieved from duty in the Department of California, and ordered to repair to the Head Quarters of the Department of Oregon and report for duty to the Commanding Officer.

A "Metropolitan" Report.—The following report was submitted to the Commissioners in New York, by Sergeant Ford of the sanitary squad:

New York, Sept. 3d, 1860.

TO THE BOARD OF POLICE:

I report the premises No. 323 west Thirty-eighth street, as being in a filthy condition, and detrimental to public health. The premises are occupied by Bridget Wazoning, her two sons, nineteen pigs, two horses, three goats, and two dogs, all inhabiting the same shanty. A warrant was obtained for said Bridget, who was taken before Justice Connolly, and ordered to remove the pigs and cleanse the place, or that otherwise he would enforce the ordinance in relation to piggeries.

BOWEN G. LORD,

Sergeant.

Sergeant Lord only reported as to *mammalia*; suppose he had gone into *entomology*!

Yellow Fever.—The season thus far, seems to have been remarkably exempt from yellow fever in our sea ports. In Norfolk but few ships arrived with the pestilence. Within a week, however, three vessels arrived there, having seven cases on board.

The most unfavorable reports come from Sagua La Grande and Cien Fuegos. In Havana very few cases of the fever exist. Up to the 25th of last month not a case of the fever had been reported in New Orleans.

There are but few patients on the floating hospital in New York.

Mortality of New York.—During the week from August 25th to September 1st, 524 deaths occurred in New York. Among these there were 108 from cholera infantum, scarlet fever 21, consumption 56, marasmus 43.

This is a decrease from the same weeks for the two years past.

Dr. J. Aitken Meigs, of this city, at a meeting of the Société d'Anthropologie de Paris, held May 24th, 1860, was elected "Foreign Associate Member," upon the proposition of M. M. Geoffroy St. Helaires, Beclard and Broca.

The Hospital for Sick Children at Vienna has been seized by the government, and is to be sold for the non-payment of taxes.

The Census of the State of Connecticut, which is now being taken, shows an increase of nearly thirty per cent. in the last ten years.

Refinement in Surgical Nomenclature.—The London *Lancet* reports a case of carcinoma of the "*Penile Organ*."

A Contagious Epizootic of a carbunculous character, is prevailing in Russia.

The Northern Medical Association will meet, after the usual summer vacation, on Friday evening, Sept. 14th, at the Northern Dispensary.

Dr. Textor, the veteran Professor of Surgery at Würzburg, which post he filled for over thirty years, died on August 7th. He was Senior of the Faculty of the University of Würzburg.

Dr. J. Troup Maxwell, of Tallahassee, Fla., has been elected to the chair of obstetrics and diseases of women and children, in the Oglethorpe Medical College, of Georgia.

Dr. E. M. Moore, takes the place of Prof. Hamilton, as Prof. of Principles and Practice of Surgery in the University of Buffalo.

Dr. Charles A. Lindsley is appointed to the chair of *Materia Medica* and *Therapeutics* in Yale College.

The St. Joseph Medical and Surgical Journal has just reached us. It has passed from the proprietor and editorship of the St. Joseph Medical Society into that of Drs. G. C. Catlett and J. B. Snelson, and they have our best wishes for success and prosperity in their enterprise.

We are glad that this gives us an opportunity to make an explanation, in reference to some remarks we made sometime ago, regarding certain journals that copied from the *Reporter* without giving credit. From a letter which we received by Dr. Heddins, formerly *redacteur en chef* of the *Journal*, we are entirely satisfied that the matter was an oversight, and we exonerate the *Journal* and its able editors from all blame.

Answers to Correspondents.

L. W. S., a postmaster in the State of New York, who signs himself M. D., and who is not a subscriber, but appears to read the *REPORTER* as it passes through his hands, writes us as follows:

"Editors of the *Medico and Surgical Reporter*
Dear Sirs

In perusing your journal I find a prescription of compound of swallows, will you in Return give me the Dose and How to prepare them. It is highly recommended in (Epilepsy) from the 28 of July number."

We beg of the gentleman who has so eagerly swallowed a little *jeu d'esprit* of which we have been guilty, to trouble himself no more about the matter; but if he insists upon swallowing swallows, to do them up in the modern style. Broiled or roasted, until nearly done brown, we should consider them best.

COMMUNICATIONS RECEIVED.—*Alabama*, Dr. J. E. Price—*Illinois*, Dr. E. D. Gates—*Iowa*, Dr. John W. Lewis—*Ireland*, M. D. Abroad—*Kentucky*, Dr. D. Johnson, Dr. T. F. Clardy, Dr. Preston Ramsey, [with encl.]—*Michigan*, Dr. T. Tompkins, [with encl.]—*Mississippi*, Dr. S. Morton—*New Jersey*, Dr. G. Tomlinson, [with encl.] Dr. Max Kuechler, (2) By Dr. McNichol: Drs. Kopetschny, J. N. Quimby—*New York*, Dr. O. C. Gibbs, Dr. McNichol, (3), Dr. G. W. Sutherland, Dr. W. E. Chapman, S. S. & W. Wood. By Dr. McNichol: Drs. Schieferdecker, Wm. H. Hanford, Wm. McKenna, A. E. Jacobson, John Scigh, J. Mayer—*Ohio*, Dr. Thomas R. Simpson—*Pennsylvania*, Dr. E. Hopkins, Dr. R. A. Given, Dr. Robert F. Greenleaf—*Washington, D. C.*, Dr. Hansmann, [with encl.]

Office Payments—Dr. Edward Kelly, (Ill.) Dr. A. G. Walter. By Mr. Swain: Dr. A. Faulke, Dr. Wm. H. Taggart, Dr. McFadden, Prof. Jackson, Dr. Walker, Dr. Burnell.

DEATHS.

PIATT.—On the 21st inst., at his residence, in the Borough of Cherrytree, Indiana County, William A. Piatt, M. D., in the 35th year of his age.

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